

BUTLER UNIVERSITY

Office of Financial Aid

EDWARD W. SAWYER, DISCIPLES OF CHRIST SCHOLARSHIP APPLICATION

With the intention of recognizing achievement and academic excellence, the Sawyer Scholarship, established through the bequest of Edward W. Sawyer, rewards worthy members of the Christian Church. Scholarship award eligibility and the value of individual awards are based on the academic preparation and accomplishments indicated on the high school records of accepted freshmen applicants and from the information provided on the application for the Edward W. Sawyer, Disciples of Christ Scholarship.

APPLICATION PROCEDURE:

1. Comply with all the requirements for undergraduate admission to Butler University.
2. Complete the application in ink or in typewritten form.
3. Attach a letter of recommendation from your minister to the application (optional).
4. Return this application to the Office of Financial Aid no later than February 1, 2010.

APPLICANT INFORMATION

Name _____
Last First MI

Address _____
Street City State Zip

Telephone _____ Last 4 digits of social security number xxx-xx-_____

High School _____ Graduation Date _____

High School Address _____
Street City State Zip

Minister's Name _____

Church _____ Telephone Number _____

Church Address _____
Street City State Zip

Proposed Academic Major at Butler _____

PLEASE ATTACH SEPARATE PAGES FOR EACH OF THE FOLLOWING:

1. What are your career aspirations and/or graduate school plans?
2. Please provide a brief description of your school, community and church activities and interests. Also include a list of honors or awards you have received.
3. A written letter of recommendation from your minister (optional).

CERTIFICATION

I certify that the information I have provided on this application is correct and complete, and I understand that the Office of Financial Aid at Butler University may release or obtain information concerning my financial situation and academic program when it involves organizations providing funds for my education.

SIGNATURE _____ **DATE** _____

If selected as a scholarship recipient, I hereby agree to allow Butler University to do the following:

1. Offer press releases announcing my name and using my likeness.
2. Release my name to my high school and local school corporations.
3. Use my name and likeness in publications created and distributed by Butler University.
4. Release information on my academic progress to the sponsor of my scholarship.

SIGNATURE _____ **DATE** _____

Butler University
Office of Financial Aid
4600 Sunset Avenue
Indianapolis, IN 46208
317-940-8200

Butler University is committed to the principle of equal opportunity. It does not knowingly discriminate against any applicants, student, or employee for reasons of sex, race, color, age or national, ethnic or geographic origin. It attempts to make its programs equally accessible to all qualified applicants regardless of physical handicap.